

DELTA DENTAL INSURANCE RATES

		Employee Cost Weekly	City Cost Weekly	Total Cost Weekly
All Employees 85% / 15%	Single	1.40	7.95	9.35
	Two	2.72	15.41	18.13
	Family	5.23	29.60	34.83
Aldermen & Department Heads 80% / 20%	Single	1.87	7.48	9.35
	Two	3.63	14.50	18.13
	Family	6.97	27.86	34.82